DO/EO BIBLIOGRAPHIC DATA ENTRY

RECEIPT DATE: 07 / 27 / 01 09 / 890315 SERIAL NUMBER: IA FILING DATE: 01 / EP00 / 00419 IA NUMBER: FCT/ Υ DELAY WAIVED (Y/N): FAMILY NAME: TEICHNER DEMAND RECEIVED (Y/N): Υ DETLEF GIVEN NAME: PRIORITY DATE: 01 / 99 PRIORITY CLAIMED (Y/N): US DESIGNATED ONLY (Y/N): M NO BASIC FEE (Y/N): N ATTORNEY DOCKET NUMBER: WEST. 6268 COUNTRY: CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 6174269180

FAX

PATRICK# 0'SHEA NAME:

SAMUELS GAUHIER & STEVENS

225 FRANKLIN STREET STREET:

SUITE 300

CITY: BOSTON

STATE/COUNTRY: MA ZIP: 02110

EMAIL:

APPLICATION TITLES:

LOCAL NETWORK IN A VEHICLE

TAB TO LAST POSITION, PUSH SEND